

TEXAS DEPARTMENT OF HEALTH
P.O. BOX 12197
AUSTIN, TEXAS 78711-2197
(512) 834-6616

DATE

Name
Address
City/State/Zip

RE: Renewal _____
FOR: Massage Therapy Establishment Registration

Expires On: _____

To renew your registration return this document postmarked on or before the due date with the appropriate fee made payable to the Texas Department of Health. **FEES MAY BE PAID IN (CERTIFIED CHECK, PERSONAL CHECK OR MONEY ORDER).**

REGISTRATION NUMBER:
RENEWAL AMOUNT DUE: \$300.00
DATE DUE BY:

This establishment registration is now expired. Do not conduct the activities of a massage therapy establishment.

You have one year after your expiration date to renew. If you do not renew within this year, you may obtain a new registration by reapplying under the current rules.

Should any changes in ownership occur you will need to submit a new application. Contact the massage therapy program prior to any changes in address for information and forms.

The following information **must** be provided:

Attach a copy of the current fire marshall inspection report. If the document is not required, submit a letter from the county attorney or city official so stating. Refer to §141.50 (c)(8) of the massage therapy rules.

List Therapists Employed:

Name	Registration Number	Expiration Date

If yes to either question, give date and attach a copy of the charges and disposition papers.

- (1) Has any owner/employee/therapist been convicted of a felony or misdemeanor in the last 12 months?
YES (____) NO(____)
- (2) Has any owner/employee/therapist entered a plea of nolo contendere, entered a plea of guilty, or received deferred adjudication for a felony in the last 12 months?
YES (____) NO(____)

Submit copies of charging documents (referred to as indictment or information) and judgement or other documents showing disposition of the case(s). If still on parole/probation, submit a letter from parole or probation officer indicating compliance with all parole or probationary conditions. Refer to §141.15 (c) (10) of the Massage Therapy Rules.

Signature: _____ Date: _____